

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41784

1. PLACE OF DEATH

County Pittsburg

Registration District No. 4398

Township Houstonia

Primary Registration District No. 4398

City Houstonia

(No. _____)

St. _____

Ward _____

2. FULL NAME

David Edward Longan

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 23-1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

80

7

18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

General Store

10. Date deceased last worked at this occupation (month and year)

Nov 1931

11. Total time (years) spent in this occupation

16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cooper Co Mo

FATHER

13. NAME

David E. Longan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cooper Co Mo

MOTHER

15. MAIDEN NAME

Kenneth E. Beards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cooper Co Mo

17. INFORMANT (ADDRESS)

J. E. Longan Houstonia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Houstonia

DATE

Dec 13 1931

19. UNDERTAKER (ADDRESS)

W. E. Wright Houstonia Mo

20. FILED

Dec 14 1931

Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec 11 1931

22. I HEREBY CERTIFY, That I attended deceased from

_____ 1929, to Dec 11, 1931

I last saw him alive on Dec 11 1931. Death is said

to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertrophy of heart & Arterio Sclerosis

Acute dilatation of heart

Date of onset

1929

Other contributory causes of importance:

45 B age

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. L. Post Kharrat, M. D.

(Address) Houstonia

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
Township Houston
City Houston (No.)

Registration District No. 665-
Primary Registration District No. 4398

File No.
Registered No.
St. Ward)

2. FULL NAME

David Edward Langan
(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Dec 14 1932 R. L. Portman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify

(Signed)....., M. D.
(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES. UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

h811h
S-S